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THE CHIRONIAN.

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THE new year has dawned upon us. 1886!

A year which we hope has in store an abundance of good things for all. One which shall in its course make each of us wiser, happier and better men. The student who shall give to his books and notes their due proportion of time, thought and study, cannot fail to learn much that is worth knowing before this New Year shall have become old in turn. The doctor who shall make it the first aim of his year's work to care for and cure, if possible, the suffering specimens of humanity who trust themselves to his knowledge and skill, setting aside his own personal convenience and comfort to give comfort and relief to those who need it more, and in all and through all keeping in view the cause of science and doing what is possible for its advancement, shall find his reward in the thanks of his patients and professional brethren. The professor who to the task of instruction bends the best powers of his mind, setting each fact before his class in proper place and order, condensing, elucidating or controverting as the case may demand, will

teach not only others, but himself. And so to each man who does his simple duty the reward will come.

The New Year is generally considered a most suitable time to make good resolutions. It is an even better time to act. The way in which such resolutions are followed out is proverbial.

With the joy, progress and success will come also sorrow, perplexity and failure to most. May the proportion of the former much exceed the latter. To each of its subscribers THE CHIRONIAN wishes a happy and prosperous New Year.

THE past year has been one of considerable success and progress with our beloved college. There has been a constant effort on the part of the Faculty to raise the standard and improve the whole tone of the institution. In this purpose the students have fully sympathized and rendered what assistance they could. Their united endeavors have borne much fruit in many ways.

The gaps in the ranks of the Faculty made by resignations, although depriving us of one or two favorite lecturers, have been universally well filled, and some of them by men who had before served in other capacities and done good work.

The entrance examinations—not a new institution the past year—have been made more stringent and serve a good purpose, not only by weeding out those applicants who are not able to cope with the questions successfully, but by scaring off to other less particular colleges those so conscious of their ignorance that they do not care to apply for admission when this safeguard exists. Such persons will scarcely prove an honor to any college or become useful and ornamental members of the profession. They have no business to study medicine anywhere, but if they insist on doing so, it must be in some institution other than the New York Homœopathic

Medical College. Doubtless it is owing in some measure to these examinations that we have the most gentlemanly set of students of any medical college in this city.

During the past year an organized effort has been made to establish a College Library. Though the number of volumes is still small, a start has been made in the right direction and the success of the project is only a question of a little time. In many other directions needed improvements in the advantages offered have been made. It has been a year of progress.

THE Newark children sent to Paris to be inoculated for hydrophobia have returned. The result of the treatment to which they were subjected remains to be determined. But in any event it will contribute nothing as to the truth or falsity of M. Pasteur's method. His method as yet has not been scientifically proven. Sufficient evidence has not been furnished to enable a satisfactory decision to be reached. All that can be said is that it is reasonably probable that M. Pasteur's plan of inoculation may be efficacious. The cases of the Newark children prove absolutely nothing. It is not in evidence that they were bitten by a mad dog, and it cannot therefore be demonstrated that they were ever in danger of hydrophobia. They were simply bitten by dogs. To arrive at the truth a long period of time is required for experimentation. If it shall be shown that a certain number of people bitten by dogs undoubtedly rabid, after inoculation by M. Pasteur escape hydrophobia, and on the other hand an equally large number, also bitten, left without treatment are affected with it, it will then be demonstrated that inoculation does furnish protection against hydrophobia, and not till then.

LETTERS approving the course of THE CHIRONIAN and commending its general policy are pleasant reading; but when these friendly epistles contain besides expressions of interest more substantial indications of good will in the form of checks or drafts in payment of subscriptions, nothing is lacking to complete the satisfaction of the perusal. Very many of our

Alumni have recently written, renewing subscriptions and wishing THE CHIRONIAN all possible success. We desire to thank our friends not only for promptness in sending checks, but also for the kindly interest manifested in the journal. Founded for the purpose of aiding the college, of giving force and unity to Alumni enterprises, and of keeping all informed concerning progress in college work and methods, THE CHIRONIAN has endeavored to fulfill its mission. It does not attempt, in any way to compete with regular medical papers. It is not a money making concern. All connected with the journal give their services and time without pay. Nevertheless there are many expenses to be met, and we hope to hear from more of our Alumni in the near future.

WHO shall say that example is not a potent force! The latest exemplification of the opposite comes to us from staid Philadelphia, and shows that THE CHIRONIAN is not entirely without influence. The students of the Hahnemann College there, through the action of their Institute, have showed that they are a very enterprising body in organizing a series of lectures by prominent men of our school. This is an original idea and a good one. But that is not all. Their enterprise does not stop there. They have elected editors and arranged details with the intention of issuing a College journal. In this, we think, we see the hand of THE CHIRONIAN as the mysterious primary force. We are glad to see that there is another medical college besides our own whose sons are willing to undertake the management of such a journal. It is a good thing for the college especially; next for the editors, and lastly for all graduates and undergraduates, to whom the honor of an institution always redounds. We wish the new board of editors success in their labors and eagerly await the appearance of the first number.

ALL preaching is not done in pulpits, and some famous sermons have been delivered away from church or tabernacle. In this age there is a demand for the highest order of pulpit work, and this demand corresponds to widespread

intellectual and social conditions involving problems of vital interest to men. In complying with these conditions the preacher sees his work widen rapidly and assume gigantic dimensions. But with his best efforts he cannot grapple with every evil, confute every fallacious theory, consider every social question. And so his work is supplemented by the lay preacher, who handles burning questions, discusses living issues at times and places foreign to the divine. Many are called to preach where few seem moved to practice. Prominent among his brethren stand the medical lay preacher. Generally engaged in editorial work, his sanctum is his pulpit and his readers his congregation. And he preaches—aye, without ceasing—line upon line and precept upon precept. As the pulpit speaker becomes individualized by certain peculiarities of tone or expression, so the medical inculcator of high moral truths becomes known because of pet phrases, which are to him as sweet morsels for his readers.

LET us speak frankly about this matter, and dispassionately consider our medical brother who wears the sacerdotal robes, somewhat abbreviated to meet the requirements of daily life, and who claims that his secular platform is as elevated as the pulpit of divinity. Let us examine the weekly or monthly moralistic or philosophic essays of these excellent gentlemen—these lay sermons as they are sometimes designated. And they are numerous—thick as “leaves in Vallambrosa.” Surely the physician who reads attentively medical journals must be made the better for the reading of these articles. It were well could it be so stated, but careful reading reveals the hollowness of this pretended morality. Nay, it is as “sounding brass or a tinkling cymbal.” Frankness, sincerity, a desire for truth, fairness and charity, all are at times wanting—issues are deftly evaded, omission is craftily practiced—and still the “lay preacher” preaches. He explains that he is “called.” He should remember the ass who was moved to preach, but when in the pulpit could but bray. There is too much of this so-called preaching. It is offensive and repulsive.

It is too often a mockery, a pretense and a snare. There are in medical journalism some genuine preachers who speak with power, but of them we do not speak, save to praise. The others are mere charlatans. If readers of medical journals have been at one period of this generation captivated by journalistic moralizing which lowered its tone and thought to catch men by oddities and tricks of sensationalism, that day has gone by. Morality mixed with bigotry and spiced with bitter partisanship has not proved to be a satisfying combination. It will not do for every man to assume that he can play the part of a popular pastor. To don the gown is not all. It is not all to preach with what in many quarters passes for unction. What often goes current under the name is nothing more than an acquired mannerism and style available in any department. The man who boldly, frankly and intelligently preaches to the medical profession may be sure of a respectful hearing, but the charlatan, with his self-assumed title of “true healer” and his counterfeit morality, will be driven from the rostrum. The last forty years have witnessed rapid advancement in all departments of science on the basis of wide and profound researches culminating in generalizations which are mightily influencing all processes of thought. These advances have covered a period of activity on which is following a period of relative rest from scientific speculation, but not from investigation. It was to be expected that along with the movements of science would come the revival of those philosophical questions which the human race is ever discussing. This discussion never ends. The view is ever widening, and he who is truly inspired may fill the lay pulpit with acceptance. But let him be sure that he is duly and truly authorized and not rashly assume the sacred office of moralist, for “fools rush in where angels fear to tread.”

A HYDROPATHIC doctor, when on a voyage, fell overboard. A sailor reported the fact to the captain as follows: “The surgeon has dropped into his own medicine-chest!”—*Lexikon des Witzes.*

Materia Medica.

(Medical Advance.)

Dr. Allen's Letter.

MY DEAR MR. PECK :

AS for your criticism of my course, I see that neither you nor many others clearly understand my position. Let me define it :

It seems to me that Homœopathy has been steadily losing its hold upon the scientists of to-day as an accurate, scientific method, largely from the fact that Hahnemann's theories of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature. Their demonstration is an absolute necessity, not primarily to clinical medicine but to the purity and reliability of our *Materia Medica*. The statement of some that the success of the homœopathic school has demonstrated the truth of these propositions, seems to me utterly puerile. My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed, and the time to announce such a failure seemed to be the time when such an announcement could not be misconstrued, when I have no favors to ask or expect. Under these circumstances, to appeal to the profession generally to assist in this work seemed to me the proper thing to do, and, indeed, I am myself still working earnestly in this field. The foregoing is the purely experimental, and as one may say, the scientific side of the question.

Now, *first*, Homœopathy has, clinically speaking, shown itself immensely superior to the old system of medicine.

Second, Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of the so-called Homœopaths.

The small margin of difference of results between the purely expectant treatment with absolutely no medicine whatever, and the result obtained by the administration of occasional small doses is to be the battle-ground of the

future, and in order to sweep that field I propose to help clear away some rubbish, and to prepare for the battle.

If the efficacy of infinitesimals can be demonstrated on the healthy and the provings therefrom utilized, then they will be, I believe, the best implements to use, for the less medicine prescribed to patients the better the results. For nearly twenty years I prescribed almost exclusively the two hundredth potencies, but for the last few years I have been prescribing mainly the third and sixth attenuation, and have about come to the conclusion that my results in most cases are more prompt and far-reaching than formerly with the two hundredth's. I have always found that fewer cases of these lower attenuations can be prescribed, that, whereas formerly I could repeat the two-hundredth in water with impunity every hour or two, now I get my best results from single doses much better indeed than formerly from single doses of the high potency.

My present status is that of a pure Hahnemannian, giving, as a rule, infrequent doses of the moderate attenuation, waging an unsparing warfare upon allopathic expedients of all sorts. Those who know me well will bear me out in saying that no one more faithfully studies the *Materia Medica*, more carefully prescribes the indicated remedy, and in every respect is a more consistent Homœopathist than I am to-day. I have no tolerance for those who alternate their medicines and overdose their patients. I cannot tolerate those who have departed from the master's rules and use mainly fluxion potencies, very frequently on empirical indications. My motto is, "Prove all things and hold fast that which is good."

I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths. I have worked and fought for them and for the right of free speech in their favor, and will still fight for it ; but since, after years of honest work to prove their truth, I have failed, I can do no less than boldly announce the fact and solicit the help of all who have the

future of Homœopathy and of active therapeutics at heart.

Yours very truly,
T. F. ALLEN.

A Proving of Silicea.

A YOUNG lady troubled with sore feet, accompanied by offensive perspiration of the same, consulted a physician, who prescribed Silicea the sixth, of which she bought an ounce. In about two weeks she presented symptoms similar to a Silicea proving, including considerable aggravation of the feet trouble. Another physician, in whom she had less confidence, noticing the condition, bade her discontinue the use of the drug, telling her she was becoming poisoned by it. To this she gave no heed, but faithfully took the medicine as prescribed. Before the ounce was gone she was troubled at times with an occipital headache, which extended to the forehead, and a felon appeared on her thumb. This she poulticed, and before it fully developed a second felon rapidly showed itself on the index finger of the same hand. Physician No. 2 told her she would have a felon on each finger unless she ceased using that drug, which she was now willing to do. A few doses of Hepar, the third, were given with a result hardly credible. The felons disappeared like magic, and Silicea, the two hundredth, caused the aggravation of the feet symptoms to rapidly subside, and there was a marked improvement in her condition generally. This case is of interest, showing as it does that the first prescriber was, of course, unable to realize the extreme susceptibility of the patient to drugs.

Theory and Practice.

Scrofulous Synovitis of Knee-joint.

THE following, told by Professor St. Clair Smith, at his recent lecture on "Amyloid Degeneration of the Liver," we deem of sufficient interest to give to the readers of THE CHIRONIAN. The case is that of a young lady twenty-one

years of age—bad family history—her mother having been an invalid for years, and finally dying of cancer. The daughter inherited a strumous diathesis, and all through her childhood was extremely delicate. When about eighteen years of age she had periostitis of the sternum, which, under treatment, was prevented from ending in necrosis. Later she went abroad, and while walking in the streets of Paris, slipped and fell, injuring her knee-joint. In her company was a lady physician, a personal friend, who at once assumed it to be a dislocation, but instead of obtaining surgical advice, she sent for a Swedish movement cure friend, who came daily and manipulated the joint, counseling also constant walking for exercise. The advice was faithfully followed for several months, till her return to America.

She then consulted a surgeon, who immediately sent her to bed and applied extension with ice bags. After considerable time improvement slowly took place, and in the course of six or eight months, when her general health was becoming impaired from long confinement in bed, she was allowed to go about with the use of crutches, having Sayer's extension apparatus applied and sponge compresses kept constantly wet about the joint.

This was in the latter part of May, 1883. She seemed to be doing pretty well, when, on going to Chicago to visit her brother, he was alarmed at her condition, and at once consulted an eminent surgeon there, who advised immediate amputation as the only means of saving her life. Her friends, shocked at this announcement, brought her quickly back to New York, and called a consultation of physicians. She was placed under chloroform, and every preparation made to amputate at once should it be thought advisable. But after a searching examination it was decided that it would not be safe to amputate, owing to the probable extension of the disease into the femur, together with her feeble physical condition, and the unfavorable heated season of mid-summer. She was accordingly put to bed again, with extension (Buck's apparatus), and during the following months her knee was tortured with blisters, issues, embrocations of

various kinds and ice bags. Iodide of Potash was given internally, in sufficient quantity to produce its peculiar coryza and eruption of the skin. What other medication she received I do not know. Early in the following year, 1884, there was some local improvement, when the surgeon attempted passive motion of the joint. This brought back the trouble in all its fury, and it progressed from bad to worse, till he informed the family that he had done everything surgery could offer for the sufferer, and if they knew of any other physician, or any different treatment they would like to try, he was willing to give up the case. At this time I was requested to see and take charge of the patient, which I consented to do, provided I could have associated with me a surgeon to look after the mechanical, while I assumed the responsibility of medical treatment. I found her in bed, with a twenty-pound extension on the limb; her right knee swollen to double its normal size, red and hot, and extremely sensitive around the condyles.

The heads of both bones of the joint were infiltrated and swollen. There was a great deal of effusion into the joint, which was oedematous on the outside, the oedema extending for some distance down the tibia. This was considerably enlarged at the upper extremity, the periostitis extending some distance from the joint. The patella was not fixed, but moved with a grating sound. The knee was painful, especially at night; spasms of pain coming on at intervals, of a burning, excruciating character. But the general condition of the patient was better than I should have anticipated. There was no marked emaciation of the body, and the young lady was quite cheerful and contented, due largely to a happy disposition. Her temperature ranged from one hundred to one hundred and two and a half in the evening. Her pulse was habitually above one hundred, and towards night one hundred and ten, and sometimes higher. A hectic flush then appeared upon each cheek, accompanied by sleeplessness and general discomfort. She had little or no appetite, and her bowels were obstinately constipated.

On examination, found considerable enlargement of liver and spleen, especially the former,

extending in all directions with that peculiar, firm resistance to the touch which is so characteristic of amyloid degeneration. Such condition, with history of the case, led to fear of waxy degeneration. Professor Doughty saw the patient with me, and advised no change in the surgical methods. My first prescription was Ferrum phos. sixth trituration, removal of all cold and wet applications from the joint, substituting layers of thick cotton batting, and allowing the issues to heal, only permitting an occasional application of chloroform liniment, some they had on hand, when the pain was most intense. The liniment, however, was not applied after the second day of treatment. Ferrum phos. was continued for one or two weeks, with an occasional dose of Arnica, suggested by Prof. Doughty. Results were most gratifying. Her temperature and pulse were reduced to nearly normal—all severe pain in the joint ceased—the joint itself was reduced in size—there was less effusion, and in fact a decided change for the better. She was then given Calcarea phos. sixth trituration, in small powders three times a day.

With the exception of an occasional remedy for some intercurrent troubles, she received no other medication. In less than two months from the time she began to take Ferrum phos. she had so far recovered as to go about with only a Sayer's extension apparatus and a crutch. The knee was reduced to nearly normal size, circular measurement, showing an actual difference of only half an inch.

There was apparently no effusion in the joint, and all the oedema and tenderness over the heads of the bones had disappeared. Temperature and pulse were normal, and her general health had improved. In the early part of May, when taking off the plaster bandage to reapply Sayer's extension, which service she always did for herself, she was surprised to find the joint capable of considerable motion without pain. With the general improvement the liver difficulty, which at first caused such apprehension on my part, entirely disappeared. I cannot say this was amyloid degeneration, but the history of the case seems to point to a common mischief of that character, and I give it as an example of the

relief obtained by constitutional treatment. The middle of May she went to Europe, and on her return in the fall, was able to walk without crutches and with scarcely a halt in her gait. It is now nearly two years since I first took the case, and though a year since I last saw her, am told she is perfectly well, having had no other treatment.

Chronic Eczema.

FROM CLINIC OF PROFESSOR P. E. ARCULARIUS.

THE patient before you to-day is Edward Atkins, about forty-five years of age. His general health is good, but we find an eruption upon the extensor surfaces of both wrists and hands, and nowhere else. There are, as you see, one or more patches of irregular shape upon each extremity, but, as a whole, covering quite an extent of surface. At present all are dry and coated with scales, which at times have been large. There has also been *moisture* at different stages of the trouble; besides you will notice that the skin has a *thickened, parchment-like feel*, while the patient tells us that there is *intense itching* and that the eruption has already lasted *three years*.

Thus in this case are given to us all the essential characteristic features of Chronic Eczema Squamosum, this succeeding upon Eczema Erythematosum, just as Eczema Vesiculosum in turn becomes Eczema Pustulosum, for this disease is, in very many instances, prone to change its conditions, and hence well deserves to be styled protean in its nature; but it is where the eruption, as in this case, has lasted some considerable time and assumed secondary lesions, that it is termed chronic. The patient gives us no assignable cause for his trouble, and, as before stated, he is, with this exception, in healthy condition.

Often persons with Eczema are anæmic or they suffer from nervous debility, or complain of dyspepsia, with or without constipation, which last symptom is not an uncommon factor in diseases of the skin. Occupation has often much to do with the cause and character of eruptions, as

instanced in cases of Eczema upon the hands of laundresses who use hot and cold water; in plasterers who handle lime; in those who are exposed to the action of chemicals; and even in grocers and bakers, and known as "Grocer's Itch" and "Baker's Itch." Frequently the trouble is produced or aggravated by scratching. This may be easily detected by the small, dried blood-crusts, showing the marks of the nails upon the skin; an invariable and reliable symptom of local irritation.

The treatment of the patient before us has been, internally, Graphites, with perhaps intercurrent doses of Sulphur; while locally, vaseline, mildly impregnated with a preparation of tar, has been used as a dressing to allay itching and soften and soothe the skin.

As to prognosis, this case, as it reports from week to week, is progressing favorably, and we look for satisfactory results, though time and patience may be called into requisition in order to carry us through possible relapses to final and complete recovery, which, if not assured, is strongly hoped for.

Surgery.

Extirpation of an Ovarian Cyst.

PERFORMED BY PROF. F. E. DOUGHTY.

MRS. P.—Born in England; married; aged forty-five years. Mother of nine children, the youngest nearly three years old. Some nine months ago noticed a tumor about the size of an orange in the right iliac region, unattended by pain or tenderness. This gradually increased in size; and for the past two months she has suffered a good deal from pain and some tenderness in the upper part of the abdomen. She now called upon Professor Doughty. After an examination of the case, including the withdrawal of a small amount of colloid fluid by means of the aspirator, which fluid under the glass showed Bennet and Drysdale's corpuscles and free nuclei in abundance, he diagnosed the case as Colloid Cystoma of the right ovary, and advised its removal. He also

believed the patient was pregnant, although she gave no evidences of such a condition, with the exception that she had not menstruated for the past three months. The patient did not believe she was pregnant, and desired an operation for the removal of the cyst, which was performed at the Hahnemann Hospital on December 15th, with the utmost care and skill. After the extirpation was completed it was found that the woman was about three and a half months advanced in pregnancy, and as the shock was slight from the operation, no evil results to patient or child are anticipated.

Prof. Doughty has performed several operations for ovarian cysts within a short period, and being a careful and skillful surgeon, has been eminently successful. The assistants were thoroughly disinfected previous to their entrance in the operating room, which had been thoroughly fumigated with the vapor arising from a solution of corrosive sublimate and hot water. The patient having been placed on the operating table, the anæsthetizing was intrusted to the House Surgeon, Dr. Fulton.

The assistant cleansed the abdomen with soap and water, then applied a saturated solution of ether and iodoform. All the preliminaries having been accomplished, Prof. Doughty measured the circumference of the abdomen over the tumor, which was forty-one and a half inches. He then made an incision in the median line, commencing a little below the umbilicus and extending downwards four inches towards the pubes. The underlying tissues were then divided on a director, and a few spurting arterial twigs ligated. The peritoneum was then opened carefully the whole extent of the external incision, and the sac of the tumor was then exposed. An exploration was made by means of a sound to determine the presence of adhesions, if any. A few were discovered corresponding to the upper part of the tumor, the site of pain and tenderness, which were carefully broken up. A large trocar and canula, devised by Spencer Wells, furnished with a vulsellum for holding the sac, was introduced into the most prominent part of the cyst, which gave egress to only a small quantity of fluid, as the contents of the cyst was

colloid matter and too thick to flow through the canula. Prof. Doughty then incised the sac and introduced his hand and drew out handful after handful of the jelly-like contents until the parent cyst was emptied. He found the tumor multilocular and broke down the partitions by means of his fingers, so that the various cysts were all evacuated into and through the parent one. The colloid material varied in color as different cysts were opened, some being yellowish, reddish, brownish and chocolate colored. When the sac was partly empty the assistant (Prof. Wilcox) gradually drew it forward, not allowing any fluid to escape into the abdominal cavity. As the contents of the cyst was removed, the sac was gradually drawn out until it was wholly delivered. The abdomen was then relieved of its neoplasm, and the pedicle having been tied with carbolized silk, secured by Tait's Staffordshire knot, was divided and the cut surface carefully cauterized with Pacquelin's cautery, and dropped back into the abdomen. The abdominal cavity was then thoroughly dried. During the operation the abdomen was kept warm by the use of hot flannels, and the antiseptic treatment was thoroughly carried out. The wound was brought together by eight points of interrupted silver sutures, and between them superficial sutures of catgut. A strip of adhesive plaster was placed near the edges of the wound, on which rested the turned-over ends of the silver sutures, which were covered by another piece of adhesive plaster, and so retained in position. Iodoform was dusted over the wound and surrounding parts; then a layer of "combined" cotton dressing (rendered antiseptic with Merc. Corr.), eight inches square, was placed over the wound. Next to this a piece of oiled silk of the same dimensions was placed; and again another layer of the "combined" cotton. Over all was placed a double fold of muslin large enough to cover the entire abdomen and sides, and this was held in position by broad strips of rubber plaster that encircled the body.

P. S.—The patient experienced little or no shock. On only one occasion did the temperature reach 100°, and then only for two hours. During the first few days the pulse ranged be-

tween eighty and ninety, and the temperature between ninety-nine and ninety-nine and one-half degrees. Gradually both fell until the normal was reached, where they remained without interruption.

She expressed herself as feeling absolutely well from the time of the operation, and not one of the ordinary symptoms met with even in successful ovariectomies developed.

In eight days each alternate silver suture was removed, and on the tenth day all the remainder; and the entire wound had healed by first intention. She sat up in bed on the thirteenth day, and on the fifteenth day was up in a chair.

From that time on she gradually sat up more and more and walked about, and was sent to her home in the country on the twenty-first day after the operation, perfectly well and the pregnancy uninterrupted.

Surgical Clinic at Ward's Island.

REPORTED BY DR. F. L. BARNUM.

THE regular monthly surgical clinic for the instruction of the college students was held in the Hospital Amphitheatre on Wednesday, December 16th. The operations to be performed by Prof. Wm. Tod Helmuth consisted in an amputation of the breast, a fourth operation for Extrophy of the bladder, and two operations for the radical cure of hernia. At the last moment the patients who were to undergo the first two named operations refused to submit. Prof. Helmuth then delivered an excellent clinical lecture on hernia. The first patient was a gentleman aged forty-nine years, and was admitted to the Hospital November 13, 1885, suffering with rheumatism. The next day while straining at stool, and afterwards while stooping, he felt a peculiar pain in the groin, and on palpation found a small lump on either side. Dr. Freer examined the case and rendered a diagnosis of double, direct inguinal hernia. November 18th Prof. Helmuth operated upon this patient, employing the Heatonian method as reported in a previous issue, but without success. At this

clinic the Professor, assisted by Dr. Freer and Dr. Richards, performed the second operation for the radical cure of hernia, which consisted in cutting down to the gut, reducing it, and forming a plug of the peritoneum, encircled with cat-gut ligatures, and passing three silver wire button sutures through the pillars of the ring and the prolongation of peritoneum which formed the plug. The edges of the ring being brought in apposition, the external wound was closed with continued cat-gut sutures, over which iodoform was dusted, and a dressing according to the antiseptic method was applied. The Professor thoroughly explained each step in the operations. The approaching darkness was obviated by the use of the calcium light. We would say, concerning the patient whom Prof. Helmuth operated on at the previous clinic in the same manner, that he is doing well. The wound is nearly healed, and no indications of the protrusion are presented.

Pædiology.

Heart Disease and Non-closure of the Foramen Ovale.

BY A. W. PALMER, M. D.

THE following case is reported rather on account of the rare condition found post-mortem than for therapeutical study; but sometimes we may learn from our failures as well as successes.

Notwithstanding the perforate condition of the foramen ovale, the child was not more anæmic than you would expect from her other heart troubles, and from all information which could be obtained she had never been what we designate a "blue baby."

October 13. The patient, Annie M—, æt. thirteen years, was an anæmic girl, under size and rather less developed than usual for her age.

Her grandmother said she had been ailing since her fourth year with occasional attacks of

fainting, with difficult respiration, vomiting and headaches.

The case had been previously diagnosed as a valvular trouble, and one physician, from what we could ascertain from her relatives, probably considered it an atheromatous degeneration of the aorta.

Her countenance was hypocratic—œdematous swelling of upper eyelids—both cheeks hung down like bags, and the lower limbs were swollen as far up as middle of thigh.

The chest was barrel-shaped—the respiration was thirty-seven per minute, superficial and very labored.

The anterior surface of chest was tender to touch—the impulse of the heart could be felt over almost the same extent—apex beat in the 7th intercostal space, also quite distinct pulsations in epigastric region.

Percussion revealed that the area of cardiac dullness extended upward to lower border of second rib; laterally one-half inch to the left of left nipple line, and one inch to right of median line; and inferiorly to the 7th intercostal space.

Upon auscultation the heart sounds could be heard over the entire anterior surface of chest and distinctly over the area of dullness, as above described. The muscular element of the first sound was greatly intensified; instead of the normal click of the mitral valve, was heard a loud whirring noise over the cardiac region and extending an inch and one-half to the left of the apex; also on the back to the left of the sixth vertebræ.

The sound of the pulmonary valve was markedly accentuated. The respiratory murmurs were only distinguishable on the posterior surface of the chest and axillary regions, because of the predominancy of the cardiac murmurs.

The temperature ranged between normal and $100.2-5^{\circ}$ F.; and the pulse from 110 to 140; the rise in each corresponding to the aggravations in the disease.

There were frequent stitching pains in precordial region. Every few days she had aggravated attacks of the above, accompanied by violent palpitation, retching and vomiting. The carotids pulsated visibly—almost constant head-

ache—had an irritable cough for long time—urine turbid and suppressed. A diagnosis of mitral insufficiency and pericarditis with effusion was made, and Kali carb.³⁰ prescribed.

October 26th. The œdema had been slowly diminishing and general condition improving until to-day; when we found the patient in a very nervous, excitable mood—great prostration—moaning during sleep—intense pain in the stomach, which was caused, as we subsequently ascertained, by swallowing some plaster, a habit she had had for a long time. $\mathcal{R}$ Ars.³⁰

November 5th. She improved again until to-day. As we now recognized she was nearing her end, we determined to ameliorate her suffering; for which, at different times, were prescribed Ant. tart.³; Nux. vom.,³ Bis. subnit.²; Apis mel.θ; Apoc. can.θ, and Codeine^{ix}.

From November 13th till death the œdema extended upward until abdomen was considerably swollen.

On the 18th a rubbing, rasping sound was heard in cardiac region; at a subsequent examination the area of cardiac dullness had increased, accompanied by greater dyspnoea.

November 27th, 8 P. M., about twenty-four hours after death, made the post-mortem.

On removing the sternum and cartilages found the pericardial sac greatly distended; the upper boundary corresponding to first intercostal space; the left an inch to the left of the left nipple line, the inferior to the lower portion of 7th intercostal space, and the right two and one-half inches beyond the median line. It contained eleven and one-half ounces of pericardial fluid. Circumference of sac in vertical direction was fifteen inches; in the transverse, thirteen inches.

The lungs were considerably compressed and engorged, the anterior border of right lung being beneath the right nipple line, while that of the left was one inch to left of corresponding nipple line.

The heart was enlarged, as a whole—*i. e.*, the cavities and walls in proportion. There were a few fibrinous exudations on the pericardium covering the right ventricle and both auricles, from the size of a ten-cent piece to that of a quarter. A small ante-mortem clot was lodged

among the columnæ carneæ of right ventricle. An endocardial thickening, a half an inch by an inch, was found in the left auricle adjoining a curtain of the mitral valve. The same curtain was bound down to the contiguous lining of the ventricle to the extent of three-sixteenths of an inch, and the opposite curtain was somewhat roughened. The heart, after draining off the blood, weighed thirteen ounces.

But the most remarkable feature of all was to find the foramen ovale sufficiently open to pass your little finger through.

The abdomen contained about six or seven quarts of ascetic fluid; and in the pyramidal portion of left kidney were found two cystic cavities little larger than a pea.

In closing I wish to thank Messrs. Dodge, Hatch and Keeler ('86) for their assistance in the above case.

Ophtalmology.

Glaucoma.

DIMNESS or defect of vision from opacity of the vitreous humor. The term is properly applied to all conditions produced by heightened tension or increased fluid pressure within the eye-ball.

January 6th.—Mrs. ———, age fifty, a hospital patient, was brought before the class by Prof. Leibold. Five months ago the right eye became inflamed. There was pain in the supra-orbital region (indicative of iritis or irido-choroiditis) and in the eye-ball, which was tense and hard from an extravasation of serum, which pressed upon the nerve, causing the intense pain. If the pressure is continuous it will soon cause blindness.

The dilatation of the pupil nearly obliterates the iris, a lighted candle held before the eye causing no contraction or discomfort.

In the early stages of this disorder, which may begin with or without inflammation, the patient sees rainbow colors.

It may commence with a slight attack which lasts for a few days and disappears, returning

again in a short time, frequent attacks causing blindness, although a single occurrence may cause loss of sight. The vision is never as clear as normal after an attack. Both eyes are affected successively.

Treatment: Solution of eserine in drop doses in the eye every hour contracts the pupil and relieves the tension (palliative).

Paracentesis, to draw off the serum relieves for a time, but it soon reappears.

Iridectomy, operate soon as possible.

Book Notices.

American Medicinal Plants. MILLSAUGH. Fascicle III., Nos. 11-15. Boercke & Tafel, New York and Philadelphia.

FASCICLE III. is even better than its predecessors. The plates are very finely executed, and the text is clear and explicit. The contents of Fascicle III. are as follows:

Aesculus Hippo., Agrostemma, Aralia Rac., Asclepias Tub., Asemia Tri., Baptisia, Benzoin, Cechorium, Cimicifuga Rac., Conium Mac., Cornus Florida, Drosera Rot., Eupatorium Purp., Eupatorium Perf., Fragaria Vesca, Kalmia Lat., Lobelia Inf., Lappa, Menolropa Un., Populus Trem., Phylolacca (double plate), Plantago Maju, Rhus Arom., Rhus Glabra, Rhus Tox., Stramonium, Sarracenia Purp., Triosteum, Verbascum, Xanthoxylum.

The plate of Rhus Aromatica was not delivered in time for this fascicle, but will be added to the next. A new plate of Apocynum And. is furnished to replace the green flowered plate of that plant in the first fascicle.

An Abbreviated Therapy. The Biochemical Treatment of Disease. By Dr. SCHÜSSLER, of Oldenburg. Twelfth edition. F. E. Boercke Hahnemann Publishing House, Philadelphia, 1885. 94 pp. 90 cents.

THIS edition of Schüssler's Twelve Tissue Remedies has been thoroughly revised and enlarged. The translation is altogether new, and Dr. O'Connor has well rendered the original. A repertory has been added, which greatly increases the value of the work.

Post-Mortem Examinations, with especial reference to Medico-Legal Practice. By Prof. RUDOLPH VIRCHOW, of the Berlin Charité Hospital. With additional notes and new plates. Philadelphia: P. Blakiston, Son & Co. pp. 138. \$1.00.

IN this valuable little work Prof. Virchow gives some account of his early experience as Prosecutor in the dead house of the Berlin Charité Hospital and traces the subsequent development, under his auspices, of a systematic method of conducting post-mortem examinations. Besides this he devotes considerable space to the regulations which have been promulgated throughout Germany for the guidance of medical jurists in performing autopsies and drawing up reports, criticising and illustrating them. Perhaps the most interesting part of the book is the report of three autopsies performed by himself, always carefully observing the order of sequence enjoined by the regulations. Autopsies conducted for medico-legal purposes are often barren of results in this country because of lack of system in the examination. Prof. Virchow says the "experience teaches that the great majority of cases in which the courts are compelled to appeal for advice to the medical colleges, and to the committee of science for medical affairs, refer to those autopsies in which either the examination or the note taking has been so irregularly performed that the nature of the case still remains ambiguous. It would, I am sure, be a matter of no difficulty to collect a great number of examples in which the faulty performance of the autopsy has rendered obscure cases in themselves clear and simple, and has made unintelligible those which are at all ambiguous." A method of examination similar to that approved by Prof. Virchow ought to be adopted in the United States. The work is well bound, and the translator has done his part intelligently.

The Century for 1885-86.

THE remarkable interest in the War Papers and in the many other timely articles and strong serial features published recently in the *Century* has given that magazine a regular circulation of

MORE THAN 200,000 COPIES MONTHLY.

Among the features for the coming volume, which begins with the November number, are :

THE WAR PAPERS

BY GENERAL GRANT AND OTHERS.

These will be continued (most of them illustrated) until the chief events of the Civil War have been described by leading participants on both sides. General Grant's papers include descriptions of the battles of Chattanooga and the Wilderness. General McClellan will write of Antietam, General D. C. Buell of Shiloh, Generals Pope, Longstreet and others of the Second Bull Run, etc., etc. Naval combats, including the fight between the *Kearsarge* and the *Alabama*, by officers of both ships, will be described.

The "Recollections of a Private" and special war papers of an anecdotal or humorous character will be features of the year.

SERIAL STORIES BY W. D. HOWELLS, MARY HALLOCK FOOTE AND GEORGE W. CABLE.

Mr. Howells's serial will be in lighter vein than "The Rise of Silas Lapham." Mrs. Foote's is a story of mining life, and Mr. Cable's a novelette of the Acadians of Louisiana. Mr. Cable will also contribute a series of papers on Slave songs and dances, including negro serpent-worship, etc.

SPECIAL FEATURES

include "A Tricycle Pilgrimage to Rome," illustrated by Pennell; Historical Papers by Edward Eggleston, and others; Papers on Persia, by S. G. W. Benjamin, lately U. S. minister, with numerous illustrations; Astronomical Articles, practical and popular, on "Sidereal Astronomy;" Papers on Christian Unity, by representatives of various religious denominations; Papers on Manual Education, by various experts, etc., etc.

SHORT STORIES

By Frank R. Stockton, Mrs. Helen Jackson (H. H.), Mrs. Mary Hallock Foote, Joel Chandler Harris, H. H. Boyesen, T. A. Janvier, Julian Hawthorne, Richard M. Johnston and others; and poems by leading poets. The Departments—"Open Letters," "Bric-à-Brac," etc.—will be fully sustained.

THE ILLUSTRATIONS

Will be kept up to the standard which has made
THE CENTURY engravings famous the world over.

PRICES. A SPECIAL OFFER.

Regular subscription price, \$4.00 a year. To enable new readers to get all the War Papers, with contributions from Generals Grant, Beauregard, McClellan, J. E. Johnston, Lew Wallace, Admiral Porter and others, we will send the 12 back numbers, November, 1884, to October, 1885, with a year's subscription beginning with November, 1885, for \$6.00 for the whole. A subscription, with the 12 numbers bound in two handsome volumes, \$7.50 for the whole. Back numbers only supplied at these prices with subscriptions.

A free specimen copy (back number) will be sent on request. Mention this paper.

All dealers and postmasters take subscriptions and supply numbers according to our special offer, or remittance may be made directly to

THE CENTURY CO., NEW YORK.

Love that Lives.

(CENTURY for January.)

DEAR face, bright, glinting hair—
Dear life, whose heart is mine—
The thought of you is prayer,
The love of you divine.

In starlight, or in rain ;
In the sunset's shrouded glow ;
Ever, with joy or pain,
To you my quick thoughts go.

Like winds or clouds, that fleet
Across the hungry space
Between, and find you, sweet,
Where life again wins grace.

Now, as in that once young
Year that so softly drew
My heart to where it clung,
I long for, gladden in you.

And when in the silent hours
I whisper your sacred name,
Like an altar-fire it showers
My blood with fragrant flame.

Perished is all that grieves ;
And lo, our old-new joys
Are gathered as in sheaves,
Held in love's equipoise.

Ours is the love that lives ;
Its springtime blossoms blow
'Mid the fruit that autumn gives ;
And its life outlasts the snow.

GEORGE PARSONS LATHROP.

College Notes.

EIGHTY-SIX.

BACK to work.

VACATION is over.

F. A. GILE, '75, made us a pleasant call a few days ago.

DR. J. C. CLARK, '85, located in Andover, N. J., made us a friendly call recently. He votes THE CHIRONIAN a success.

L. A. OPDYKE, ex-President of the Hahnemannian Society, made one of his rare visits to the college last week.

C. B. SMALL, '83, who lately returned from Cambridge, N. Y., has located at 360 West Thirty-third street, New York City.

J. L. DANIELS, M.D., '82, who has lately returned, after an absence of nearly three years, from Vienna and Berlin, will locate shortly in this city.

ARTHUR BEACH, '75, the faculty prize man of his class, has left Iliion, N. Y., and is located at 21 West One Hundred and Twenty-ninth street, this city.

A. POTTER B. HOLLY, son of James T. Holly, D.D., LL.D., a Bishop of Hayti, West India, is representing the population of the sunny South at our college this year.

DR. CHATTAWAY, '85, called at the college a few days since. He apparently sees as much happiness in life as ever, and still spells his name with "two t's and three a's."

DURING the holidays we had the pleasure of calling on Dr. H. N. Nash, '84, who has recently located in Georgetown, Conn. THE CHIRONIAN lay uppermost on his study table.

DR. BUCK, '85, was down from "the Island" on a furlough the other day. He reported everything flourishing, and said they were getting ready to give us another clinic.

PROF. M. (turning abruptly to Mr. R.): Suppose you were called to a case of confinement, what is the first thing you would do?

MR. R. (becoming pale): Take—take a dose of digitalis, sir.

W. E. McCUNE, '85, formerly business manager of THE CHIRONIAN, occupying the position of assistant physician to the Homœopathic Hospital of Brooklyn, has been appointed house physician in that institution.

DR. H. W. ROSE, '76, and Dr. L. F. Wood, '79, have entered into partnership at Westerly, R. I. Dr. Rose was lately appointed a member of the State Board of Health, of which Dr. T. H. Shipman ('76), of Bristol, R. I., is, we learn, also a member.

DR. W. H. BEEBE, '77, of Bridgeport, Conn., has been appointed, with two physicians of the old school, on the Town Board of Health, being the first homœopathic physician who was ever appointed to a public office in that town. This speaks well for our alumni.

THE *New England Medical Monthly* thinks there is a grim suggestion of probable truth inadvertently convey by a Chicago physician who signed his name to a death certificate in the space set apart for "the cause of death." Apparently Chicago has one honest M.D.

E. EVERETT, '79, who has been located in Newark, N. J., for several years, has held the position of district physician of the Eighth District of that city for the last eighteen months. He made a call upon some of his classmates who are connected with the Ophthalmic Hospital as assistant surgeons.

DECEMBER 7th Prof. Beebe commenced his second course of lectures upon Laryngology and Rhinology. We recognize in him a practical man—one who uses no more words than necessary, who gives positive treatment for actual diseases instead of theories concerning their

possible etiology, and he receives a warm welcome from our men accordingly.

ALTHOUGH it may be irrelevant we cannot but think that these words by The Preacher would form a most suitable text for our coming Sunday lecture: "And furthermore, my son, be admonished, of making many books there is no end, and much study is a weariness of the flesh." If this subject should be chosen, there are a few of the Faculty who should receive special invitations. "We have them on our list."

DRS. M. M. ADAMS, F. R. S. White, H. S. Graves and W. H. Connelly, of the class of '85, serve on the staff of the College Dispensary in clinics for general diseases. In addition Dr. Adams has charge of the clinic of Mental and Nervous Diseases, made vacant by the resignation of Prof. Dunning, and Dr. Graves is assistant surgeon in the Surgical Clinic, while Dr. M. J. Hall is the Resident Physician.

On the 4th of last November Dr. Babcock, '85, now of East Hampton, Ct., brought an interesting case of carcinoma before the class at the Wednesday clinic. Those who remember the case, and the ravages wrought by the disease, will not be surprised to hear that the patient has succumbed. Dr. Babcock deserves credit for the care he bestowed on the patient and thanks for enabling so many to see the case.

As soon as the question of class photographs is broached there is a noticeable change in the physiognomy of the class, probably due to the laudable desire not to appear too boyish. This, we think, explains the remarkable transformation seen in F—— and M——, and as we have a most vivid imagination, we can conceive how nice they will look when they have a full beard, and we earnestly hope they will live to see it. The committee on class photographs consists of G. B. Dowling, E. E. Keeler, and L. A. Martin.

THEY WERE TWINS.

PROFESSOR (to first applicant): "Name and age, sir?"

First student; "Abner Bascom; age 17."

Professor (to second applicant): "And you, sir?"

Second student: "Phineas Bascom; age 17."

Professor: "Brothers?"

S. S.: "Yes, sir."

Professor: "Twins?"

S. S. (doubtfully): "Well, ye-es; twins on our father's side. We're from Salt Lake."

Professor: "Oh, oh."—*Chicago Rambler*.

PROF. TALCOTT made an important announcement at a recent lecture. It was that at the end of the present college course a competitive examination would be held among those presenting themselves for the position of assistant physician in the Middletown Insane Asylum, of which Prof. Talcott is the Superintendent. Two of the number will be selected according to the merit of the papers, and will have the unexcelled opportunity of becoming thoroughly conversant with the management of such institutions and able to fill the position of Superintendent in asylums, in this and other States, as the opportunity presents. These positions have been secured for our men mainly through the endeavors of Prof. Talcott, and we feel that the college owes the Doctor a sincere vote of thanks for showing this additional proof of his interest in the welfare of his *Alma Mater*.

CONTRARY as it may appear to us, as students who are overpowered each day with the symptoms of two or three new drugs being presented, it is said on good authority that our *Materia Medica* need more drugs proven. Prof. Deschere has been appointed chairman of the Bureau of Drug Proving in the County Medical Society, and at a recent lecture invited volunteers to aid him in this important work. It is desirable that a very thorough proving be made of a drug that promises to prove a gem in the crown of homœopathy. We understand that the Professor especially desires the names of those of the Senior class who are ready to do their part of this undertaking at once, although, if they desire, the time of proving may be deferred until after examination. There certainly can be nothing more interesting to a medical man than observing the effect of a drug upon his own organism, and we hope a number will respond at once to this invitation.

Hahnemannian Society.

January 13, 1886.

MEETING called to order at 7.40, with President Smoot in chair.

One new member was received.

After roll-call and reading of minutes of last meeting, the Quiz-masters were reflected in a body, with the exception that H. S. Jones was chosen on Physiology and W. H. Sawyer on Medical Chemistry.

Under unfinished business the motion to change time of holding the society meetings was restored to the table indefinitely.

Committee on the Sunday Lecture reported progress. Committee on Arrangements reported that they had selected Mr. G. B. Best, '87, to deliver the Send-off to the graduating class. Further, that the University Club Theatre could be obtained for the society commencement for the sum of \$50, and recommended that it be hired for the occasion. Report accepted. Mr. Stacy moved that the committee be empowered to engage the theatre for that evening. Seconded and carried.

Moved by Mr. Roberts and seconded that the final exercises of the society, instead of being called the "Hahnemannian Society Commencement," should hereafter be known as the "Annual Exercises of the Hahnemannian Society." Carried.

By request Mr. Jenkins, '87, favored the society with a banjo solo. A vote of thanks was tendered the gentleman.

Moved and seconded that a committee be appointed to canvas the matter of forming a Society Glee Club. Mr. Keeler offered amendment to effect that committee should consist of three members, and that each class should be represented. The amendment was accepted and the motion carried. President Smoot appointed as such committee W. H. Jones, '86, Jenkins, '87, and Platt, '88.

After informal reading of minutes and roll-call, the Society adjourned.

G. T. HAWLEY,

Secretary.

Class Supper.

DECEMBER 17, 1885, was a red-letter day, or night, rather, with the Senior class. At 7:30 P. M. there might have been seen a double file of handsome men issuing from the portals of the college. After this statement it is unnecessary to add that they were all members of the Class of '86. "Bob" was at their head, and betrayed by his hopeful expression of countenance that something unusual was about to happen; in fact, they were going to the annual class supper.

But, happy as they all appeared, there was a sense of "goneness" in their epigastriums, and "tympanitic resonance" reigned supreme where two short hours after there was "absolute flatness" on percussion. And even their happiness was somewhat feigned while, after a half dozen courses had been dissected and Faust sang "Still there's more to follow," the expression of supreme bliss was something that could never have been counterfeited. Between the courses "Nicotine" rested, surrounded with cigarettes, while jokes were cracked whose venerable faces, familiar in our childhood days, we now found covered with hoary beard. As each course came in something original and especially appropriate was sung, as "Mary had a Little Lamb," "Says the Monkey to the Owl, Oh! What will you have to drink?" and the story was told of how "Three Black Crows Sat on a Tree." "Grandpa," "Miss Hall," and the other sober-minded married exerted themselves and succeeded in appearing as youthful as the rest of us. The only toast of the evening came in with the quail and was eloquently responded to by the class president, who said he'd take another piece and—the rest escaped us, as our short-hand reporter was not present.

But, the same as when a fellow is kissing his best girl, all good things must end; at least, that was the way with the supper.

And, as the wee small hours approached, the happy band returned to their homes and well-thumbed note-books, but bearing memories that time cannot efface of the second supper of the Class of '86.

Class Meeting.

A MEETING of the Class of '86 was called by the President immediately before the recent vacation for the purpose of choosing such men as would represent the class in different ways in the commencement exercises. The object of holding the meeting so early was to allow the men selected the extra time for preparation.

The man receiving the unanimous vote of the class for Valedictorian was G. W. McDowell, who we feel sure is the right man in the right place.

The future poet of the class, with lengthy hair and wandering eye, was decided to be S. H. Knight.

W. S. Hall was nominated as the man to respond to the toast, "The Class of '86," at the Alumni banquet. He absolutely refused to serve, but was duly elected and "forced" to accept.

The Class did well in selecting G. T. Hawley as the Class Prognostician, who will try and discover the bright future in store for each man.

Into the hands of these men the class places its good name and looks to them for a faithful performance of their duties, and we feel sure that each will do honor to himself and to the class he represents.

The "send off" from the Middle Class will be given by G. B. Best, who will please accept our sincere wishes that he may succeed in his gigantic undertaking and deposit each bashful Senior safely in the shrine of Æsculapius.

Marriages.

THE marriage of Dr. Thomas Cooke Royal, '83, occurred, we understand, January 13, 1886, at Schoharie, New York.

The bride was Miss Carrie Ellene, daughter of the Rev. and Mrs. Edwin Pedder, of that place. Many of the Doctor's former classmates were invited.

We also take pleasure in announcing the marriage of Dr. A. B. Norton, '81, of the New York Ophthalmic Hospital, which occurred Wednesday, November 26th, to Miss Leah Pixley.